

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <i>Scott Schrey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: The Marley-Wylain Company, d/b/a Weil McLain Company, Inc. 500 Blaine Street Michigan City, IN 46360-2388 | | B. Received by (Printed Name) <i>Scott Schrey</i> | C. Date of Delivery <i>12-17-07</i> |
| 2. Article Number (Transfer from service label) <i>07CV1064 S+C</i> | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| | | 7003 3110 0004 0800 3187 | |

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540